10/735998 Application or Docket Number 4070 -17801

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN		
TOTAL CLAIMS			18					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			18 minus 20=		* -			X\$ 9=		OR	X\$18=	~	
INDEPENDENT CLAIMS			/ minus 3 = *			_		X43=		OR	X86=	_	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	_	
* f	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	772	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL			
_	0/ /	CLAIMS		HIGH		(Coldinary)	1		ADDI-	1		AODI-	
AMENDMENT A	1/21/06	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	· 17	Minus	- 2	0	= 0		X\$ 9=	•	OR	X\$18=		
	Independent	* /	Minus	*** C	CLAIM	= 0		X43=		OR	×86=		
	FIRST PRESE	MIATION OF IM	JUIPLE DE	EINDENT	CLAIM		ן י	+145=		OR,	+290=		
								TOTAL		ok'	TOTAL		
								ADDIT. FEE			ADDIT. FEE		
1		(Column 1) CLAIMS		(Colun		(Column 3)	٠.						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	ENDENT	CLAIM	<u> -</u>		X43=		OR	X86=		
	· ·	NIATION OF MIC	DETIFEE DEF	LINDLINI	CEANN		,	+145=		OR	+290=		
					•			TOTAL		OR	TOTAL		
								ADDIT. FEE L	-	,	ADDIT. FEE		
	· · ·	(Column 1) CLAIMS		(Colur		(Column 3)	1 -						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL, FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= ,		X\$ 9=		OR	X\$18=		
	Independent	* ·	Minus	***	_	=	П	X43=		<u>.</u>	X86=	()	
٥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
+145= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE			
***	If the "Highest Nu The "Highest Num	mber Previously Pa ber Previously Pai	aid For IN THI d For (Total o	S SPACE i r Independe	s less tha ent) is the	n 3, enter "3." highest numbe			ropriate box	k in co			